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PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	8043M
First Inventor	Jeffrey John Kester
Assignee	The Procter & Gamble Company
Title	COMPOSITIONS FOR REDUCING HYPERCHOLESTEROLEMIA AND CONTROLLING OF POSTPRANDIAL BLOOD GLUCOSE AND INSULIN LEVELS
Express Mail Label No.	EJ176015569US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- | | |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status
(see 37 CFR §1.27)</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages [36]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets <input type="checkbox"/></p> <p>5. Oath or Declaration Total pages [2]</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 complete)i. <input type="checkbox"/> DELETION OF INVENTORS
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b). <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies |
|--|--|

ACCOMPANYING APPLICATION PARTS

- | |
|--|
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS
Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p> |
|--|

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. 1

Prior application information:

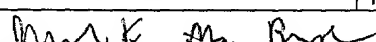
Examiner: _____

Group/Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

NAME	James F. Mc Bride				
	The Procter & Gamble Company				
ADDRESS	Winton Hill Technical Center				
	6071 Center Hill Avenue				
CITY	Cincinnati	STATE	OH	ZIP CODE	45224
COUNTRY	USA	TELEPHONE	513-634-1402	FAX	513-634-3752

Name (Print/Type)	James F. Mc Bride	Registration No. (Attorney/Agent)	43,784
Signature		Date	April 6, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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FEE TRANSMITTAL
for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	N/A
Confirmation Number	N/A
Filing Date	April 6, 2001
First Named Inventor	Jeffrey John Kester, et al.
Examiner Name	N/A
Group/Art Unit	N/A
Attorney Docket No..	8043M

TOTAL AMOUNT OF PAYMENT (\$934.00)**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **16-2480**Deposit Account Name **The Procter & Gamble Company**

- ☒
- Charge Any Additional Fee Required Under status. See 37 CFR §127
-
- 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**BASIC FILING FEE - Large Entity**

Code	(\$)	Fee Description	Fee Paid
101	710	Utility filing fee	[710]
106	320	Design filing fee	[]
107	490	Plant filing fee	[]
108	710	Reissue filing fee	[]
114	150	Provisional filing fee	[]

SUBTOTAL (1) (\$)[710]**2. EXTRA CLAIM FEES - Large Entity**

	Extra	Below	Fee
	Claims	Fee	Paid
Total Claims	[28] - 20** = [8]	x	[18] = [144]
Independent Claims	[3] - 3** = [1]	x	[80] = [80]
Multiple Dependent			[] = []

** or number previously paid, if greater; For Reissues, see below

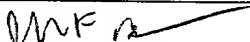
Code	(\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[224]**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Code	(\$)	Fee Description	Fee Paid
105	130	Surcharge-late filing fee or oath	[]
127	50	Surcharge-late provisional filing fee or cover sheet	[]
139	130	Non-English specification	[]
147	2,520	For filing a request for <i>ex parte</i> reexamination	[]
112	920*	Requesting publication of SIR prior to Examiner's action	[]
113	1,840*	Requesting publication of SIR after Examiner's action	[]
115	110	Extension for reply within 1 st month	[]
116	390	Extension for reply within 2 nd month	[]
117	890	Extension for reply within 3 rd month	[]
118	1,390	Extension for reply within 4 th month	[]
128	1,890	Extension for reply within 5 th month	[]
119	310	Notice of Appeal	[]
120	310	Filing a brief in support of an appeal	[]
121	270	Request for oral hearing	[]
138	1,510	Petition to institute a public use proceeding	[]
140	110	Petition to revive - unavoidable	[]
141	1,240	Petition to revive - unintentional	[]
142	1,240	Utility issue fee (or reissue)	[]
143	440	Design issue fee	[]
144	600	Plant issue fee	[]
122	130	Petitions to the Commissioner	[]
123	50	Petitions related to provisional applications	[]
126	240	Submission of IDS per property (times number of properties)	[]
146	710	Filing a submission after final rejection (37 CFR § 1.129(a))	[]
149	710	For each additional invention to be examined (37 CFR §1.129(b))	[]
179	710	Request for Continued Examination (RCE)	[]
169	710	Request for expedited examination of a design application	[]
		Other fee (specify) _____	[]
		Other fee (specify) _____	[]

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$)[0]**SUBMITTED BY**

Name (Print/Type)		Registration No. (Attorney/Agent)		Complete (if applicable)	
James F. Mc Bride		43,784		Telephone	(513) 634-1402
Signature 				Date	April 6, 2001

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